

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008880

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318  
FILED MAR 7 1962

Primary Registration District No.

1003

Registrar's No.

2430

STATE FILE NUMBER

VS 300  
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. Louis

Length of stay in 1b

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c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. Lukes HospitalInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
Hamilton Med. CenterReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Minnie

Middle

--

Last

Wade

4. DATE

Month

Day

Year

OF DEATH

March 1, 1962

5. SEX  
Female6. COLOR OR RACE  
white7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
Nov 8 18829. AGE (last birthday)  
79IF UNDER 1 YEAR  
Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
at home10b. KIND OF BUSINESS OR INDUSTRY  
at home11. BIRTHPLACE (City and state or country)  
Kansas12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

Unknown Wade

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Never Married

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
no

16. SOCIAL SECURITY NO.

17. INFORMANT Clayton (3) Mo.  
James Singer, 7730 Carondelet18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Broncho  
Pneumonia + AtelectasisINTERVAL BETWEEN  
ONSET AND DEATH  
3daConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Hypo-ventilation

DUE TO (c)

491XF

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Fx Lt. Hip, Pelvis, Lt. Humerus

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2/26/62 to 3/1/62 and last saw her alive on 3/1/62  
Death occurred at 1:50 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

C.R. Lupton &amp; Sons, St. Louis (30) Mo. MAR 2 1962

Earl Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.